

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Human Rights Campaign</b>		3. FEC Identification Number <b>C</b> C90012626
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1640 Rhode Island Ave NW		
(c) City, State and ZIP Code Washington DC 20036		
2. Occupation and Name of Employer (for Individual Filers Only)		

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☒ 24-Hour Report  
☐ October 15 Quarterly Report ☐ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☐ No ☒ Yes, it amends the report filed onMM / DD / YYYY  
02 / 10 / 2016

## 5. COVERING PERIOD:

FROM MM / DD / YYYY  
02 / 07 / 2016

THROUGH MM / DD / YYYY  
02 / 07 / 2016

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 1010.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

James Rinefield

SIGNATURE

James Rinefield

DATE

[Electronically Filed]

02/19/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F5A

Transaction ID :

Amended to include state. Original filing: FEC-1048800

Form/Schedule:

Transaction ID:

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee

Hotels.com

Date of Public Distribution/Dissemination

MM / DD / YYYY  
02 / 07 / 2016

Mailing Address 10440 N. Central Expwy.

Amount

1010.43

Transaction ID : D622754

Purpose of Expenditure  
Hotel for volunteersCategory/  
Type

Office Sought:

☐

House

State: NH

☐

Senate

District: 00

☒

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Hillary Rodham ClintonCalendar Year-To-Date Per Election  
for Office Sought

13720.84

Disbursement For:  
2016☒

Primary

☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐

House

State: \_\_\_\_\_

☐

Senate

District: \_\_\_\_\_

☐

President

Check One:

☐

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

☐

House

State: \_\_\_\_\_

☐

Senate

District: \_\_\_\_\_

☐

President

Check One:

☐

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1010.43

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

1010.43

(carry total from last page forward to Line 7)